

FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

077820949

APPLICANT(S)

CLAIMS						
No.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3						
4		0				
5	/					
6	/					
7	/					
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
14		0				
15		0				
16		0				
17	/					
18		/				
19	/					
20		/				
21		/				
22		0				
23	/					
24	/					
25	/					
26		0				
27		0				
28		0				
29		0				
30		0				
31		0				
32		0				
33		0				
34		0				
35	/					
36		/				
37	/					
38		/				
39		/				
40		0				
41	/					
42	/					
43	/					
44		0				
45		0				
46		0				
47		0				
48		0				
49		0				
50		0				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

No.	* IND.		* DEP.		* IND.		* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0						
52		0						
53	/							
54	/							
55		0						
56		0						
57		0						
58		0						
59		0						
60		0						
61		0						
62	/							
63	/							
64	/							
65	/							
66		0						
67		0						
68		0						
69		0						
70		0						
71		0						
72		0						
73		0						
74		0						
75		0						
76		0						
77		0						
78		0						
79		0						
80		0						
81		0						
82		0						
83		0						
84		0						
85	/							
86	/							
87	/							
88	/							
89		0						
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								